



# Bureau of HIV and STD Prevention

HIV/STD Clinical Resources Division  
HIV/STD Epidemiology Division  
HIV/STD Health Resources Division

Est. September 30, 1997

Rev. February 22, 2001

HIV/STD Policy No. 530.001

## REPORTING SUSPECTED ABUSE AND NEGLECT OF CHILDREN

### PURPOSE

The purpose of this policy is to clarify the requirement for the staff of any organization or provider under contract with the Texas Department of Health (TDH), Bureau of HIV and STD Prevention (Bureau) to report possible cases of abuse and/or neglect of children. The contractors affected are those under contract to provide HIV or STD prevention and treatment services. Monitoring of HIV and STD contractors for compliance with the policy will be performed by the Bureau's Clinical Resources Division.

HIV and STD contractors who provide clinical and/or case management services or are required to review these services if provided by subcontractors are required to monitor for compliance with Texas child abuse reporting laws and for compliance with TDH policy referenced herein relating to the reporting of child abuse and the use of the TDH "Checklist for TDH Monitoring." The TDH policy "TDH Child Abuse Screening, Documenting, and Reporting Policy for Grant Services Contractors" and the "Checklist for TDH Monitoring" are available on the web at the following URL address: <http://www.tdh.state.tx.us/rider18.htm>. Copies of these materials may also be requested by writing to: Policy Manager, Bureau of HIV and STD Prevention, Texas Department of Health, 1100 W. 49<sup>th</sup> Street, Austin, Texas 78756-3199.

### BACKGROUND

In the course of providing HIV/STD prevention or treatment for persons either at a contractor site or in the client's home, staff may observe physical or emotional signs indicating possible child abuse or neglect. Staff may also suspect that other children in the family are being abused or neglected. State law requires the staff member to report any situation in which a child is believed to be abused and/or neglected. This requirement applies to any person but also to a professional licensed or certified by the state who has direct contact with children in the course of providing services.

### AUTHORITY

Texas Family Code, Title 5, §§261.001 - 261.109; Texas Family Code, Chapter 34; Health and Safety Code, §81.046 (d); Appropriations Act, Art. II, Rider 18, 76<sup>th</sup> Legislature.

### DEFINITION AS USED IN THIS POLICY

Professional	An individual licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state. This individual's official duties, or duties for which a license or
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certification is required, involve direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

## OBLIGATION TO REPORT

Any person who has cause to believe that a child's physical or mental health or welfare has or may be adversely affected by abuse or neglect is required to report that situation. In addition, professionals are required by law to report the situation no later than the 48th hour after becoming aware of the suspected abuse or neglect. No other person may be delegated or relied upon to make the report.

All agencies are required to report suspected cases of child abuse, etc. as defined by Texas law. Failure to report suspected child abuse or neglect is a class B misdemeanor. All contracting agencies are required to ensure their staff are trained on Texas child abuse reporting laws and that suspected cases of child abuse are being reported as prescribed by Texas law.

In accordance with the Appropriations Act, Art. II, Rider 18, 76<sup>th</sup> Legislature, the Texas Department of Health amended the FY2001 General Provisions for Texas Department of Health Grant Contracts to ensure that contractors of TDH are making a good faith effort to report incidences of suspected abuse of children. To evidence good faith efforts, TDH developed a contractor policy and a contractor monitoring tool. The TDH policy "TDH Child Abuse Screening, Documenting, and Reporting Policy for Grant Services Contractors" requires contractor staff to complete the "Checklist for TDH Monitoring" on any child below the age of 14 who at the time of a visit has a confirmed sexually transmitted disease or who is pregnant, and to make a report to an appropriate authority agency defined in Texas law. See section titled "WHERE TO REPORT."

## INDICATIONS OF SUSPECTED ABUSE OR NEGLECT

According to the Office of Attorney General, the conditions shown below are indicators of potential abuse or neglect of children.

### Suspect physical abuse when the following are seen:

1. frequent injuries that the child cannot adequately explain;
2. frequent complaints of pain without obvious injury;
3. burns or bruises in an unusual pattern that may indicate use of an instrument or a human bite; cigarette burns on any part of the body;
4. aggressive, disruptive and destructive behavior;
5. lack of reaction to pain;
6. passive, withdrawn and emotionless behavior;
7. fear of going home or seeing parents;

8. injuries that appear after the child has not been seen for several days, and/or
9. unseasonable clothes that may hide injuries to arms or legs.

Suspect neglect when these indicators are seen:

1. obvious malnourishment;
2. lack of personal cleanliness;
3. torn and/or dirty clothes;
4. obvious fatigue and listlessness;
5. need for glasses, dental care or other medical attention, and/or
6. the child complains of being left alone for long periods of time.

Suspect sexual abuse when the following are observed:

1. physical signs of sexually transmitted diseases;
2. evidence of injury to the genital area;
3. difficulty in sitting or walking;
4. frequent expressions of sexual activity between adults and children;
5. extreme fear of being alone with adults of a particular sex;
6. sexually suggestive, inappropriate or promiscuous behavior;
7. knowledge about sexual relations beyond what is appropriate for the child's age, and/or
8. an unmarried minor who is pregnant or a minor with a confirmed STD.

## WHAT TO REPORT

A statement of belief that the child has been, or may be, abused and/or neglected. The reporting party identifies the name and address of the child, the name and address of the person responsible for the care, custody, or welfare of the child, and any pertinent information about the alleged or suspected abuse or neglect.

When a medical test result indicates that a child may have been abused and/or neglected, staff should only report the suspected abuse/neglect. No reference should be made to a medical test result.

## WHERE TO REPORT

Make the report to any of the following:

1. the Department of Protective and Regulatory Services 24-hour abuse hotline at 1-800-252-5400 if the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child;
2. the state agency that operates, licenses, certifies or registers the facility in which the alleged abuse occurred;
3. the agency designated by the court to be responsible for the protection of children, or

1 4. local or state law enforcement agency.

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3 LEGAL PROTECTION

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5 The reporting of abuse or neglect is confidential and the person making such a report is  
6 immune from civil or criminal liability as long as the report is made in "good faith."

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8 INTERNAL CONSIDERATIONS

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10 Informing supervisory or management staff

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12 Health care staff may wish to confer with their supervisor when there is suspected  
13 abuse or neglect in order to clarify the steps that need to be taken. It is not mandatory  
14 that staff confer with their supervisor. When a staff member and supervisor disagree  
15 about the presence of abuse and/or neglect, the staff member must still file the report  
16 with the appropriate authorities.

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18 Staff who file a report without first talking to their supervisor may inform their supervisor  
19 of the fact that they have filed such a report. The contractor may establish other internal  
20 procedures for this situation if desired.

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22 Documentation of case files

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24 Staff should document observation, circumstances or conditions that are indicative of  
25 possible child abuse and/or neglect. Documentation will alert other staff who may be  
26 working the case at a later time to the possibility of child abuse/neglect.

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28 CAUTION: Remember the case file may be reviewed by persons who are responsible  
29 for the suspected abuse and/or neglect. Documentation should only describe the  
30 observation, circumstances or conditions. No reference should be made as to who may  
31 be responsible for the suspected abuse/neglect.

32  
33 TDH MONITORING

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35 Clinical Resources Division staff of the Bureau of HIV and STD Prevention will monitor  
36 for compliance with terms of the General Provision for Texas Department of Health  
37 Grant Contracts and "TDH Child Abuse Screening, Documenting, and Reporting Policy  
38 for Grant Services Contractors." Agencies receiving funds for the delivery of HIV, AIDS,  
39 or sexually transmitted disease program services which compile clinical and/or case  
40 management records are required to complete the "Checklist for TDH Monitoring" for  
41 each child under the age of 14 who is pregnant or has a confirmed sexually transmitted  
42 disease acquired in a manner other than through perinatal transmission or through a  
43 transfusion and who is seeking services. Client records will be reviewed for appropriate  
44 screening and reporting documentation. Contractors will be reviewed for documentation  
45 of staff training on child abuse reporting requirements and procedures, and for written  
46 procedures which are utilized by their staff to screen, document and report suspected

child abuse. Contractors who conduct monitoring of subcontractors for clinical and/or case management services provided by those subcontractors are required to monitor for compliance with this policy in the same manner, and to take actions to ensure compliance by subcontractors.

## MONITORING BY CONTRACTORS

A contractor who finds that a subcontractor has failed to comply with the TDH policy shall report the finding to the Bureau's Clinical Resources Division. The contractor is responsible to take appropriate actions to bring the subcontractor into compliance with the TDH policy. Failure of a contractor to bring the subcontractor into compliance with TDH policy may result in sanctioning of the TDH contractor in accordance with HIV/STD Policy 540.002.

## FAILURE TO COMPLY

The Bureau of HIV and STD Prevention, Clinical Resources Division will monitor and evaluate compliance with the TDH policy during site monitoring of contractors/providers of clinical and/or case management services. An agency found to be out of compliance with child abuse reporting requirements may be subject to contractual sanctions as defined by TDH policy up to and including termination of contract.

## DATE OF LAST REVIEW:

November 13, 2002                      Converted format from WordPerfect to Word.

## REVISION

Page 1, line 3	deleted "encourage" after "The purpose of this policy is to" and inserted "clarify the requirement for"
Page 1, line 3	added "or provider" after "the staff of any organization"
Page 1, line 6	added a new sentence to the end of the paragraph, "Monitoring of HIV and STD contractors for compliance with the policy will be performed by the Bureau's Clinical Resources Division."
Page 1, lines 8-15	added a new paragraph, "HIV and STD contractors who provide clinical and/or case management services or are required to review these services if provided by subcontractors are required to monitor for compliance with Texas child abuse reporting laws and for compliance with TDH policy referenced herein relating to the reporting of child abuse and the use of the TDH "Checklist for TDH Monitoring." The TDH policy "TDH Child Abuse Screening, Documenting, and Reporting Policy for Grant Services Contractors" and the "Checklist for TDH Monitoring" are available on the web at the following URL address: <a href="http://www.tdh.state.tx.us/rider18.htm">http://www.tdh.state.tx.us/rider18.htm</a> . Copies of these

1		materials may also be requested by writing to: Policy
2		Manager, Bureau of HIV and STD Prevention, Texas
3		Department of Health, 1100 W. 49 <sup>th</sup> Street, Austin, Texas
4		78756-3199.”
5	Page 1, line 24	deleted “§261.101-§261.109” and inserted “§§261.001 -
6		261.109” in the Authority section following “Texas Family
7		Code, Title 5,”
8	Page 1, line 25	added “Appropriations Act, Art. II, Rider 18, 76 <sup>th</sup> Legislature”
9		in the Authority section.
10	Page 1, lines 28	deleted repetitive text “or who is an employee of a facility
11		licensed, certified, or operated by the state.”
12	Page 1, lines 29-31	added to the definition for professional, “The term includes
13		teachers, nurses, doctors, day-care employees, employees
14		of a clinic or health care facility that provides reproductive
15		services, juvenile probation officers, and juvenile detention
16		or correctional officers.”
17	Page 2, line 2	deleted “suspect” following “ <u>Any</u> person who has cause to”
18		and inserted the word “believe”
19	Page 2, line 2-3	added “adversely” after “welfare has or may be” and before
20		“affected”
21	Page 2, line 6	added “ <u>All</u> agencies are required to report suspected cases
22		of child abuse, etc. as defined by Texas law.”
23	Page 2, line 7	changed “class A misdemeanor” to “class B misdemeanor”
24	Page 2, lines 7-9	added “All contracting agencies are required to ensure their
25		staff are trained on Texas child abuse reporting laws and
26		that suspected cases of child abuse are being reported as
27		prescribed by Texas law” to the end of the paragraph.
28	Page 2, lines 10-17	added a new paragraph “In accordance with the
29		Appropriations Act, Art. II, Rider 18, 76 <sup>th</sup> Legislature, the
30		Texas Department of Health amended the FY2001 General
31		Provisions for Texas Department of Health Grant Contracts
32		to ensure that contractors of TDH are making a good faith
33		effort to report incidences of suspected abuse of children.
34		To evidence good faith efforts, TDH developed a contractor
35		policy and a contractor monitoring tool. The TDH policy
36		‘TDH Child Abuse Screening, Documenting, and Reporting
37		Policy for Grant Services Contractors’ requires contractor
38		staff to complete the ‘Checklist for TDH Monitoring’ on any
39		child below the age of 14 who at the time of a visit has a
40		confirmed sexually transmitted disease or who is pregnant,
41		and to make a report to an appropriate authority agency
42		defined in Texas law. See section titled ‘WHERE TO
43		REPORT.’”
44	Page 2, line 20	deleted the sentence “Staff should be especially aware of
45		situations in which the child is living in a household that has
46		a history of drug or alcohol addiction.”

1	Page 3, line 8	added "and/or" to the end of item 7
2	Page 3, line 8	added item 8 and text "an unmarried minor who is pregnant or a minor with a confirmed STD."
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4	Page 3, line 11	deleted "The staff member indicates a" and inserted "A statement of" before "belief that the child has been"
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6	Page 3, line 14	deleted "be" and inserted "have been" after "indicates that a child may" and before "abused and/or neglected,"
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8	Page 3, line 15	deleted the following single sentence paragraph after line 15
9		"When reporting suspected cases of child abuse or neglect involving a child under the age of 13, the name of the disease may be released to the appropriate agents (ie. Child Protective Services)."
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13	Page 3, line 18-19	added "if the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child;" after "1-800-252-5400" in item 1
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16	Page 3, line 23	deleted "in case of emergency" after "local or state law enforcement agency" in item 4
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18	Page 3, line 26	deleted "and 'without malice'" after "criminal liability as long as the report is made in 'good faith'". Also deleted the remaining three sentences of the paragraph, "'Good faith' means the person making the report took reasonable steps to learn facts that were readily available. 'Without malice' means that the person making the report did not intend to injure or violate the rights of another person. When these two conditions are met, the reporting person can not be held liable if asked to take part in judicial proceedings resulting from the report."
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28	Page 4, lines 5-7	added the word "suspected" before the phrase "abuse and/or neglect" in the first and third sentences of the paragraph.
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30	Page 4, lines 8-20	added a new section title "TDH MONITORING" and text "Clinical Resources Division staff of the Bureau of HIV and STD Prevention will monitor for compliance with terms of the General Provision for Texas Department of Health Grant Contracts and "TDH Child Abuse Screening, Documenting, and Reporting Policy for Grant Services Contractors." Agencies receiving funds for the delivery of HIV, AIDS, or sexually transmitted disease program services which compile clinical and/or case management records are required to complete the "Checklist for TDH Monitoring" for each child under the age of 14 who is pregnant or has a confirmed sexually transmitted disease acquired in a manner other than through perinatal transmission or through a transfusion and who is seeking services. Client records will be reviewed for appropriate screening and reporting documentation. Contractors will be reviewed for documentation of staff training on child abuse reporting
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requirements and procedures, and for written procedures which are utilized by their staff to screen, document and report suspected child abuse. Contractors who conduct monitoring of subcontractors for clinical and/or case management services provided by those subcontractors are required to monitor for compliance with this policy in the same manner, and to take actions to ensure compliance by subcontractors.”

Page 4, lines 21-26

added a new section title “MONITORING BY CONTRACTORS” and text “A contractor who finds that a subcontractor has failed to comply with the TDH policy shall report the finding to the Bureau’s Clinical Resources Division. The contractor is responsible to take appropriate actions to bring the subcontractor into compliance with the TDH policy. Failure of a contractor to bring the subcontractor into compliance with TDH policy may result in sanctioning of the TDH contractor in accordance with HIV/STD Policy 540.002.”

Page 4, lines 27-31

added a new section title “FAILURE TO COMPLY” and text “The Bureau of HIV and STD Prevention, Clinical Resources Division will monitor and evaluate compliance with the TDH policy during site monitoring of contractors/providers of clinical and/or case management services. An agency found to be out of compliance with child abuse reporting requirements may be subject to contractual sanctions as defined by TDH policy up to and including termination of contract.”

Page 4, line 8-20

added new section “TDH MONITORING” and text “Clinical Resources Division staff of the Bureau of HIV and STD Prevention will monitor for compliance with terms of the General Provision for Texas Department of Health Grant Contracts and ‘TDH Child Abuse Screening, Documenting, and Reporting Policy for Grant Services Contractors.’ Agencies receiving funds for the delivery of HIV, AIDS, or sexually transmitted disease programs which compile clinical and/or case management records are required to complete the “Checklist for TDH Monitoring” for each child under the age of 14 who is pregnant or has a confirmed sexually transmitted disease acquired in a manner other than through perinatal transmission or through a transfusion and who is seeking services. Client records will be reviewed for appropriate screening and reporting documentation, for documentation of staff training on child abuse reporting requirements and procedures, and for written procedures which are utilized by their staff to screen, document and report child abuse. Contractors who conduct monitoring of



1 subcontractors for clinical and/or case management services  
2 provided by those subcontractors are required to monitor for  
3 compliance with this policy in the same manner, and to take  
4 actions to ensure compliance by subcontractors.”

5 Page 4, lines 21-27

6 added new section “MONITORING BY CONTRACTORS”  
7 and text “TDH contractors who provide for or are required to  
8 review subcontractor clinical and/or case management  
9 records are required to monitor for compliance with Texas  
10 child abuse reporting laws and for compliance with TDH  
11 policy referenced herein relating to the reporting of child  
12 abuse and the use of the TDH “Checklist for TDH  
13 Monitoring.” A single instance of failing to comply with the  
14 TDH policy constitutes non-compliance and will be reported  
15 to the Bureau’s Clinical Resources Division. Failure of a  
16 subcontractor to comply with TDH policy will result in  
17 sanctioning of the TDH contractor in accordance with  
HIV/STD Policy 540.002.”

18 Page 4, lines 28-32

19 added new section “FAILURE TO COMPLY” and text “The  
20 Bureau of HIV and STD Prevention, Clinical Resources  
21 Division will monitor and evaluate compliance with this policy  
22 and with TDH policy during site monitoring of  
23 contractors/providers of clinical and/or case management  
24 services. An agency found to be out of compliance with  
25 child abuse reporting requirements will be subject to  
26 contractual sanctions as defined by TDH policy up to and  
including termination of contract.”